MISSOURI

DIVISION OF MEDICAL SERVICES

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Home Health Bulletin

Provider Bulletin News: Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website. http://www.dss.mo.gov/dms/pages/bulletins.htm Please note new website address.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

Missouri Medicaid News: Missouri Medicaid providers may sign-up to receive automatic notifications of all bulletins and other official Missouri Medicaid communications via e-mail. Providers and other interested parties are urged to go to the DMS website to subscribe to the e-mail list.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

HIPAA

Home Health providers are encouraged to review the Special HIPAA Bulletin, Volume 26, Number 2, issued September 30, 2003. This bulletin provides important information about Missouri Medicaid's implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Topics covered in this bulletin include, but are not limited to: Transaction Standards, Implementation Guides, Companion Guides, Trading Partner Agreement, Electronic Claim Transaction Testing, Remittance Advice, Adjustment Reason & Remittance Remark Codes, Split Claims, and Type of Service.

PROCEDURE CODES

In order to comply with HIPAA national standards for transactions and code sets, all Missouri Medicaid-specific procedure codes/modifiers must be replaced.

Home Health providers *must* use the appropriate covered codes listed on Attachment A for dates of service January 1, 2004, and after. Attachment B lists the procedure codes that are no longer valid for dates of service January 1, 2004, and after.

Several services provided by a Home Health agency, regardless of discipline, for dates of service January 1, 2004, and after will be billed to Medicaid with procedure codes that are defined as 15-minute units. Missouri Medicaid will continue to reimburse the Home Health agency on a per visit basis for these services. Home Health agencies *must* bill one visit per detail line of a claim, indicating the number of 15-minute units of service provided during that visit.

Home Health agencies *must* bill the national Level II Health Care Procedure Coding System (HCPCS) procedure codes for non-routine medical supplies utilized during home health visits for dates of service January 1, 2004, and after. Supply codes can be found in the HCPCS procedure code range of A4000-A7509. Each item/supply must be billed with the appropriate HCPCS procedure code and the applicable quantity on separate detail lines of a claim, whether billing by paper or electronically. A listing of all the current HCPCS codes and an alphabetical index of HCPCS codes by type of service or product is located at http://cms.hhs.gov/medicare/hcpcs/default.asp. Publications that include this information are also available at local medical book stores. Reimbursement will continue to be at the provider's cost.

Attachment C lists the procedures which can be billed by Home Health Agencies for services provided through the AIDS Waiver and the Physical Disabilities Waiver when authorized by the appropriate case manager.

Psychiatric nurse visits are now billable with the same procedure code as skilled nurse visits. Psychiatric nurse visits will continue to be covered as outlined in Section 13.18 of the Home Health provider manual.

BILLING SUBMISSIONS TO MISSOURI MEDICAID

The requirements for paper claim submission for reimbursement will not change. If a Home Health agency wishes to continue to submit paper claims for reimbursement, copies of the applicable HCFA-485, HCFA-486, HCFA-487, and interim orders from the physician, if appropriate, *must* be attached to each individual claim form.

Effective January 1, 2004, Home Health agencies may submit their claims to Missouri Medicaid electronically, utilizing the institutional 837 transaction. Various segments in Loops 2300, 2305, and 2310A of the institutional 837 transaction provide elements in which Home Health agencies submit the information that is documented on a HCFA-485, HCFA-486, and HCFA-487**.** The specific segments that must be completed are NTE, CR6, CRC, CR7, HSD, and NM1.

The NTE segment is used to convey Home Health narrative information. Data element NTE2 may be repeated 10 times, with 80 bytes of information provided in each repetition. Home

Health providers *must* submit visit update information in these data elements, similar to the visit summaries required on the HCFA-486. Providers must also utilize this segment to describe durable medical equipment and supplies and medications utilized by the patient, allergies, variances in orders for disciplines and treatments, rehabilitation potential, and/or discharge plans. Date and time of a child's birth and date and time of the mother's hospital discharge *must* be provided in this segment when billing procedure code 99501, post-natal assessment and follow-up care. Weight, height and age of a low birthweight child or documentation of deficient weight relative to the child's height for a failure-to-thrive child must be documented in these note fields if the Home Health agency is billing for services outside of the Healthy Children and Youth (HCY) Home Health program.

All supporting, adequate documentation for services billed to Missouri Medicaid electronically (HCFA 485, 486, 487, interim orders, standard growth charts, etc.) *must* continue to be maintained by the Home Health agency in the client's records as required by Section 13 of the Home Health provider manual.

Home Health agencies will be able to batch their electronic claims over the Internet at www.emomed.com. Home Health agencies will not be able to submit claims through the direct data entry method available at this website.

PRIOR AUTHORIZATIONS

The following will apply to services provided by a Home Health agency authorized by the Department of Health and Senior Services (DHSS), Section for Communicable Disease Prevention/Prevention and Care Programs; DHSS, Bureau of Special Health Care Needs, or the DMS therapy consultant:

- An updated Missouri Medicaid Authorization Determination incorporating a change in the procedure code will not be necessary to be in compliance with the HIPAA standards. The information in Missouri Medicaid's prior authorization system will be amended to recognize the new procedure codes and/or units for dates of service January 1, 2004, and after to insure the correct adjudication of claims submitted by providers.
- Prior authorizations submitted for time periods beginning on January 1, 2004, or after must reflect the new procedure codes and the number of visits the provider is requesting be approved.

HCY SERVICES NO LONGER REQUIRING PRIOR AUTHORIZATION

Therapy services and medical supplies provided by a Home Health agency for children through the HCY program will no longer require prior authorization when program limitations currently outlined in the Home Health provider manual are exceeded.

Provider Communications

(800) 392-0938
or
(573) 751-2896

ATTACHMENT A

DESCRIPTION	DELETED CODE	REPLACEMENT CODE
Services of skilled nurse in home health setting, each 15 minutes	Y2300	G0154
Services of skilled nurse in home health setting, each 15 minutes	Y2300YF	G0154
Services of skilled nurse in home health setting, HCY, each 15 minutes	Y2300 YG	G0154 EP
Services of home health aide in home health setting, each 15 minutes	Y2305	G0156
Services of home health aide in home health setting, HCY, each 15 minutes	Y2305 YG	G0156 EP
Services of skilled nurse, postnatal assessment and follow-up care in home health setting, per visit	Y9505	99501
Services of physical therapist in home health setting, each 15 minutes	Y2310	G0151
Services of physical therapist in home health setting, HCY, each 15 minutes	Y2310 YG	G0151 EP
Services of physical therapist in home health setting which must be prior authorized, each 15 minutes	Y2310 YF	G0151 SC
Services of occupational therapist in home health setting, each 15 minutes	Y2315	G0152
Services of occupational therapist in home health setting, HCY, each 15 minutes	Y2315 YG	G0152 EP
Services of occupational therapist in home health setting wich must be prior authorized, each 15 minutes	Y2315 YF	G0152 SC
Services of speech and language pathologist in home health setting, each 15 minutes	Y2320	G0153
Services of speech and language pathologist in home health setting, HCY, each 15 minutes	Y2320 YG	G0153 EP
Services of speech and language pathologist in home health setting which must be prior authorized, each 15 minutes	Y2320 YF	G0153 SC
Home Health nursing assessment/evaluation, HCY	W0026	T1001 EP
Home Health occupational therapy evaluation, HCY	W0027	97003 EP
Home Health physical therapy evaluation, HCY	W0028	97001 EP
Home Health speech and language pathologist evaluation, HCY	W0029	92506 EP
Medical Supplies	Y2325	A4000 - A7509
Medical Supplies, HCY	Y2325YG	A4000 - A7509

ATTACHMENT B

DESCRIPTION	DELETED CODE
Home health physical therapy, HCY, prior authorized	Y2310 52
Home health occupational therapy, HCY, prior authorized	Y2315 52
Home health speech therapy, HCY, prior authorized	Y2320 52
Home health supplies (over $300/month), HCY, prior authorized	Y2325 52

ATTACHMENT C

Private duty nurse (AIDS Waiver), RN/LPN, 15-min. unit	Y9310	T1000 U4
Skilled nurse supervisory visit, AIDS Waiver	Y9315	G0154 TD U4
Attendant care services, per diem, AIDS Waiver	Y9316	S5126 U4
Specialized supply, AIDS Waiver	Y9330	T2028 U4
Private duty nurse (Physical Disabilities Waiver), RN/LPN, 15-min. unit	Y9605	T1000 U5
Specialized supply, Physical Disabilities Waiver	Y9610	T2028 U5
Specialized medical equipment, Physical Disabilities Waiver)	Y9610	T2029 U5